



Annual Biosolids Report

Biosolids Beneficial Use Facilities

For Calendar Year: **2005**

This annual biosolids report is for biosolids beneficial use facilities and must be submitted as required by WAC 173-308-295. The due date for the annual report is **March 1**. The information reported must be from the previous calendar year, January 01–December 31. Report values as dry tons (dt).

SECTION A: FACILITY INFORMATION

Facility Name: _____
Facility Address: _____ City: _____ State: _____ Zip: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Responsible Official: _____ Title: _____
Phone: _____ Fax: _____ Email: _____

SECTION B: BIOSOLIDS MANAGED (attach additional sheets if necessary)

1. Source: _____	Total Received: _____ dt
a) Land Applied: _____ dt Location (Section/Township/Range): _____ Acres applied to: _____ Application rate: _____ dt/acre/year Vegetation grown: _____ Land Type: <input type="checkbox"/> Agricultural; <input type="checkbox"/> Forest; <input type="checkbox"/> Public contact site; <input type="checkbox"/> Land reclamation; <input type="checkbox"/> Lawn or home garden	
b) Stored: _____ dt Location (Section/Township/Range): _____	
c) Otherwise Managed: _____ dt Describe: _____	
2. Source: _____	Total Received: _____ dt
a) Land Applied: _____ dt Location (Section/Township/Range): _____ Acres applied to: _____ Application rate: _____ dt/acre/year Vegetation grown: _____ Land Type: <input type="checkbox"/> Agricultural; <input type="checkbox"/> Forest; <input type="checkbox"/> Public contact site; <input type="checkbox"/> Land reclamation; <input type="checkbox"/> Lawn or home garden	
b) Stored: _____ dt Location (Section/Township/Range): _____	
c) Otherwise Managed: _____ dt Describe: _____	
3. Source: _____	Total Received: _____ dt
a) Land Applied: _____ dt Location (Section/Township/Range): _____ Acres applied to: _____ Application rate: _____ dt/acre/year Vegetation grown: _____ Land Type: <input type="checkbox"/> Agricultural; <input type="checkbox"/> Forest; <input type="checkbox"/> Public contact site; <input type="checkbox"/> Land reclamation; <input type="checkbox"/> Lawn or home garden	
b) Stored: _____ dt Location (Section/Township/Range): _____	
c) Otherwise Managed: _____ dt Describe: _____	
4. Source: _____	Total Received: _____ dt
a) Land Applied: _____ dt Location (Section/Township/Range): _____ Acres applied to: _____ Application rate: _____ dt/acre/year Vegetation grown: _____ Land Type: <input type="checkbox"/> Agricultural; <input type="checkbox"/> Forest; <input type="checkbox"/> Public contact site; <input type="checkbox"/> Land reclamation; <input type="checkbox"/> Lawn or home garden	
b) Stored: _____ dt Location (Section/Township/Range): _____	
c) Otherwise Managed: _____ dt Describe: _____	
5. Source: _____	Total Received: _____ dt
a) Land Applied: _____ dt Location (Section/Township/Range): _____ Acres applied to: _____ Application rate: _____ dt/acre/year Vegetation grown: _____ Land Type: <input type="checkbox"/> Agricultural; <input type="checkbox"/> Forest; <input type="checkbox"/> Public contact site; <input type="checkbox"/> Land reclamation; <input type="checkbox"/> Lawn or home garden	
b) Stored: _____ dt Location (Section/Township/Range): _____	
c) Otherwise Managed: _____ dt Describe: _____	

SECTION C: ATTACHMENTS (if applicable)

- 1) ☐ Soil or water monitoring data
- 2) ☐ Other. Please describe: _____

SECTION D: ANNUAL REPORT CERTIFICATION STATEMENT

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Signature: _____ Title: _____ Date: _____

SECTION E: CERTIFICATION STATEMENTS (complete as applicable)

1) YOU APPLIED BULK BIOSOLIDS EXCEEDING THE WAC 173-308-160 TABLE 3 LIMITS

I certify, under penalty of law, that the requirement to obtain information under WAC 173-308-160(2)(b) has been met for each site on which bulk biosolids were applied. This determination was made under my direction and supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information used to determine that the requirements to obtain information have been met. I am aware that there are significant penalties for false certification including fine and imprisonment.

Signature _____ Title _____ Date _____

2) YOU APPLIED BULK BIOSOLIDS THAT WERE CLASS B FOR PATHOGENS

"I certify, under penalty of law, that the site management and access restrictions in (check as appropriate) ☐ WAC 173-308-210(4)(a)(i)-(ix), ☐ WAC 173-308-220(4)(a)(i)-(ix), ☐ WAC 173-308-230(4)(a)(i)-(ix), or ☐ WAC 173-308-240(4)(a)(i)-(ix) have been met for each site on which bulk biosolids were applied. This determination was made under my direction and supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information used to determine that the site management and access restrictions have been met. I am aware that there are significant penalties for false certification including fine and imprisonment."

Signature _____ Title _____ Date _____

3) YOU APPLIED BULK BIOSOLIDS AND USED INCORPORATION OR INJECTION FOR VAR

"I certify, under penalty of law, that the vector attraction reduction requirement in (check as appropriate) ☐ WAC 173-308-210(3)(b)(i), ☐ WAC 173-308-210(3)(b)(ii), ☐ WAC 173-308-220(3)(b)(i), ☐ WAC 173-308-220(3)(b)(ii), ☐ WAC 173-308-230(3)(b)(i), ☐ WAC 173-308-230(3)(b)(ii), ☐ WAC 173-308-240(3)(b)(i), or ☐ WAC 173-308-240(3)(b)(ii) has been met for each site on which biosolids were applied. This determination was made under my direction and supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information used to determine that the vector attraction reduction and site management requirements have been met. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment."

Signature _____ Title _____ Date _____

4) YOU APPLIED NON-EXCEPTIONAL QUALITY BULK BIOSOLIDS

I certify, under penalty of law, that the site management restrictions in (check as appropriate) ☐ WAC 173-308-210(4)(b)(i)-(iii), ☐ WAC 173-308-220(4)(b)(i)-(iii), ☐ WAC 173-308-230(4)(b)(i)-(iii), or ☐ WAC 173-308-240(4)(b)(i)-(iii) were met for each site on which bulk biosolids were applied. This determination was made under my direction and supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information used to determine that the site management restrictions have been met. I am aware that there are significant penalties for false certification including fine and imprisonment.

Signature _____ Title _____ Date _____

SECTION F: SUBMITTING YOUR ANNUAL REPORT

- 1) ☐ Original to Ecology headquarters
- 2) ☐ Copy to the Ecology region where your facility is primarily located
- 3) ☐ Copy to any other Ecology region where your facility is located
- 4) ☐ Copy to the local health jurisdiction(s) where your facility is located

Biosolids Coordinator Department of Ecology Central Regional Office 15 West Yakima Avenue, Suite 200 Yakima, WA 98902	Biosolids Coordinator Department of Ecology Eastern Regional Office North 4601 Monroe Spokane, WA 99205-1295	Biosolids Coordinator Department of Ecology Northwest Regional Office 3190 - 160 th Avenue S.E. Bellevue, WA 98008-5452	Biosolids Coordinator Department of Ecology Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775	Biosolids Coordinator Department of Ecology Headquarters PO Box 47600 Olympia, WA 98504-7600
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